

National Library of Medicine Request for Use of Lister Hill Auditorium <i>Use prescribed by NIH Manual 1363-1</i>	Date of Request:
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PART A – To be completed by requesting office

To: NLM Conference Management NIH Building 38A/Room 128 Fax: 301-496-7831 E-mail: mm354i@nih.gov	From (name of contact person):	Building/Room:	Phone: Fax: E-mail:
Official Name of Activity:		Purpose of Activity:	
Estimated Number of Attendees (Auditorium seats 176):		Date(s):	Time(s) (start & end):
Is press coverage expected? (If “Yes,” please give details) <input type="checkbox"/> Yes <input type="checkbox"/> No		AUDIOVISUAL EQUIPMENT REQUIRED (Please check all that apply): <input type="checkbox"/> 35 mm slide projection (single and side-by-side available) <input type="checkbox"/> Overhead projector <input type="checkbox"/> Computer projection system (please supply your own PC and/or Mac laptop computers) <input type="checkbox"/> Videocassette playback <input type="checkbox"/> 1/2" VHS, NTSC, PAL, SECAM <input type="checkbox"/> Audiorecord (please supply your own cassettes) <input type="checkbox"/> Lectern with amplification <input type="checkbox"/> Panel table at front of room, with microphones <input type="checkbox"/> Other (please specify)	
FURNITURE REQUIRED (Please check all that apply): <input type="checkbox"/> Easel(s) <input type="checkbox"/> Flip chart <input type="checkbox"/> Extra tables and chairs in the lobby <input type="checkbox"/> Other (please specify)			
Will you require admission to the building before the regular 7:00 a.m. opening time? (If “Yes,” please specify time.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If you will be bringing laptop computer, please specify the kind of equipment, if possible:	

➔ I agree to serve as sponsor for the above meeting and I concur with the NLM/NIH policies governing these facilities. (NIH Manual 1363 and 1363-1.)

Signature of DHHS/NIH Sponsor:

Title:

Organization:

PART B – To be completed by NLM Conference Management, Office of Communications and Public Liaison

Confirmation of Conference Facility

Signature of person confirming reservation:	Phone Number:	Building/Room:	Date:
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